

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/21/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 114037		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/13/2018	
NAME OF PROVIDER OR SUPPLIER RIDGEVIEW INSTITUTE MONROE				STREET ADDRESS, CITY, STATE, ZIP CODE 709 BREEDLOVE DRIVE MONROE, GA 30655			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 000	<p>INITIAL COMMENTS</p> <p>A complaint investigation (GA00186067) was conducted on 03/12/18 and 03/13/18. The facility's noncompliance with one or more requirements of participation caused serious harm to one (1) patient (#1) of ten (10) sampled patients and one (1) staff member (#4) of 17 staff members.</p> <p>This noncompliance was identified to have resulted in an Immediate Jeopardy (IJ) which existed as of 01/20/18 through 02/04/18, and was removed on 03/13/18, based on the facility's corrective actions which were implemented prior to the survey.</p> <p>On 03/13/18 at 4:30 p.m. the facility's corrective actions were reviewed. The corrective actions that were implemented prior to the survey included the following:</p> <ol style="list-style-type: none"> 1. Attempts to obtain a copy of the acute hospital's medical record were refused due to the facility's inability to get a release of information from the family. 2. Attempts to get a copy of the Georgia Bureau of Investigation's autopsy report were still in progress as the report was still pending. 3. The CEO hired a new CNO on 02/14/18, the new CNO resumed duty two weeks prior to the current survey. 4. The CEO hired a new Director of RM/PI. 5. Staff who were found not following facility policy were terminated. 6. The facility has hired three (3) new RNs and seven (7) new MHTs. The CNO confirmed the hiring process was on-going, and that there were two (2) RN interviews scheduled today (03/13/18). 			A 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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A 000	<p>Continued From page 1</p> <p>7. Personal alarms that attach to employee name badges purchased. These alarms can be used to signal for assistance by emitting a shrill alarm when activated. The CEO explained this will prevent staff from having to leave a patient to get help. The CNO stated that 80 percent of employees have the alarms and another shipment is scheduled to arrive 3/14/18 to ensure that 100 percent of staff have the alarms.</p> <p>8. In-services provided by the CNO at the Town Hall Meeting for staff on 02/27/18, 02/28/18, and 03/01/18 at various times revealed sign-in sheets of attendees. These in-services covered patient safety, every 15 minutes observations, importance of charting observations in real time (pre-or post-charting was explained by the CNO to be falsification), Triggers to Look For, and Alternative Crisis Management.</p> <p>9. Added a column for staff to document hand-off to another staff member on the observation flow sheets.</p> <p>10. Nursing Supervisor check point for shift assessments/rounds.</p> <p>11. Overview of orientation, orientation to include patient safety, staff safety, rounding.</p> <p>12. Developed an Infection Control/Educator position that has been filled.</p> <p>13. A QA/PI determined overhead page was to be turned up.</p> <p>14. New policy to keep all patient rooms locked during the day (rooms had been kept unlocked so patients could go to their bathroom) and one (1) hall bathroom is now utilized.</p> <p>The immediacy of the deficient practice was determined to have been removed as of April 22, 18.</p>			A 000			